

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-575)

SERIAL NO.

10. 508973

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1				
2							52		1				
3							53		4				
4							54		1				
5							55		1				
6							56		0				
7							57		0				
8							58		0				
9							59		0				
10							60	1					
11							61		1				
12							62		2				
13							63		0				
14							64		0				
15							65	1					
16							66		1				
17							67		2				
18							68		0				
19							69		0				
20							70		0				
21							71						
22							72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		←	13	←		←	TOTAL DEP.	23	←		←		←
TOTAL CLAIMS			19				TOTAL CLAIMS	25					